



County of San Diego

HEALTH SERVICES ADVISORY BOARD

1600 PACIFIC HIGHWAY, SAN DIEGO, CALIFORNIA 92101-2417

Thursday, September 15, 2016 | 3:00 - 5:00 PM

1600 Pacific Highway, Room 302/303

MEETING MINUTES

Members/Alternates Present	Members Absent/Excused	Presenters	HHSA Support
Seat 2 Paul Raffer Seat 3 Judith Shaplin Seat 7 James Lepanto, Chair Seat 8 Kyle Edmonds, Vice Chair Seat 11 Jennipher Ohmstede (Alternate) Seat 13 Tracy Garmer (Alternate) Seat 14 Greg Knoll Seat 16 Leonard Kornreich Seat 17 Bob Prath	Seat 1 (vacant) Seat 4 Jack Rogers Seat 5 Jeff Griffith Seat 6 (vacant) Seat 9 Adriana Andrés-Paulson Seat 10 Michelle Davis Seat 11 Paul Hegyi Seat 12 Dimitrios Alexiou Seat 13 Henry Tuttle Seat 15 Philip Deming	Naomi Billups, Nutrition Manager, MCFHS, PHS Jani Dubski, PHN Manger, TB Control, PHS Beverly Randolph, Analyst, MAA/TCM, PHS Jim Patterson, Departmental Budget Manager, PHS Admin Thomas Coleman, MD Chief, MCFHS, PHS Tina Zenzola, Health Planning & Program Specialist, MCFHS Ches Blevins, Community Health Program Specialist, MCFHS	Wilma Wooten, Public Health Officer Sayone Thihalolipavan, Deputy Public Health Officer Saman Yaghmaee, Deputy Director, PHS Tamicha Husband, Secretary, PHS Kay Collier, Secretary, PHN

Minutes	Lead	Follow-up Actions	Due
9/15/16	Tina Zenzola/ Saman Yaghmaee	Provide information about the NEOP Program and Healthy Works strategy going forward in rural East County.	10/20/16
9/15/16	Jim Patterson/ Saman Yaghmaee	Provide information on how MTS is earning MAA revenue.	10/20/16
9/15/16	Dr. Wilma Wooten	Send a DEH video to board members about the Zika virus that can be posted on websites and social media.	10/20/16
	Rhonda Freeman/ Dr. Thomas Coleman	Provide a summary of steps taken to improve the quality of medical and dental exam compliance rates for children in Foster Care, tracking success rate as of fiscal year end. [See Attachment A, page 7.]	Completed: provided 9/15/16

Agenda Item	Discussion
1. Welcome & Introduction	James Lepanto called the meeting to order at 3:10 PM.
2. Public Comment	No public comment.
3. Action Items	A. Approval of June 16 Minutes No comment. Greg Knoll motioned to approve; Dr. Paul Raffer seconded. All voted aye. B. Approval of Board Letters Four Board Letters were presented. Letters for the Lactation contract and TB Control funding had been approved by the Board of Supervisors prior to this meeting, but Dr. Wooten explained that it is important to always obtain input from the Health Services Advisory Board.

Agenda Item	Discussion
<p>3. Action Items (continued)</p>	<p>B. Approval of Board Letters (continued)</p> <p>Both of the Maternal Child Family Health Services (MCFHS) presentations cited the 3-4-50 chronic disease concept which impels their programs and underpins the <i>Live Well San Diego</i> goal of Building Better Health: 3 Behaviors lead to 4 Diseases that result in over 50% of Deaths in San Diego.</p> <p>1) Single Source Contract for Lactation Supportive Environments in Childcare Facilities</p> <p>Presenter: Naomi Billups – Nutrition Manager, MCFHS, Public Health Services (PHS)</p> <p>This Board Letter was approved by Supervisors on 9/13/16, authorizing the County to enter into negotiations with UCSD for award of a Single Source Contract providing lactation supportive environments in 95 childcare facilities.</p> <p><u>Approval</u></p> <p>Dr. Kyle Edmonds motioned to approve HSAB support of this Board Letter; Bob Prath seconded. All voted aye.</p> <p><u>Background</u></p> <p>Breastfeeding has lifelong impact, significantly reducing the risks of infection and chronic disease.</p> <p>First 5 California awarded an IMPACT grant to First 5 San Diego (Improve and Maximize Programs so All Children Thrive). One component of this grant is promotion of breastfeeding environments in childcare facilities.</p> <p>First 5 San Diego extended a Memorandum of Understanding (MOU) to HHSA Public Health Services (PHS) to implement breastfeeding friendly policies in 95 childcare facilities, using First 5 Proposition 10 funds in the amount of \$300,000 per year for 4 years starting 7/1/16.</p> <p>UCSD Center for Community Health (CCH) has been the County's contractor for a Lactation Supportive Environments (LSE) project since 2012. During these 4 years, UCSD-CCH has implemented breastfeeding supportive environments in 14 school districts, 37 worksites, and 6 Community Healthcare Centers.</p> <p>UCSD-CCH has the proven expertise, resources, and experience to immediately extend their work into childcare centers, fulfilling the County's MOU obligation with First 5 San Diego.</p> <p>Of the \$300,000 per year funding, UCSD-CCH would receive \$250,000 and the remainder would pay for County staff oversight of this grant component.</p> <p>2) Accept CDPH and CDC grant funding for (a) TB Treatment and Control, and (b) Refugee Health Assessment Services</p> <p>Presenter: Jani Dubski – Public Health Nurse Manager, PHS</p> <p>This Board Letter was approved by Supervisors on 9/13/16, authorizing the Clerk of Board to execute 3 one-year grants received after the effective dates; and authorizing HHSA to pursue future funding activities.</p> <p><u>Approval</u></p> <p>Greg Knoll motioned to approve HSAB support of this Board Letter; Dr. Leonard Kornreich seconded. All voted aye.</p>

Agenda Item	Discussion
<p>3. Action Items (continued)</p>	<p>2) CDPH and CDC Grant Funding (continued)</p> <p><u>Background</u></p> <p>Since 1982, the Board of Supervisors has authorized funding under a non-competitive agreement with the federal Centers for Disease Control (CDC).</p> <p>Since 1999, authorization has been approved for grants from CDC and California Department of Public Health (CDPH) for countywide TB treatment and control.</p> <p>This current request was for funding from 3 one-year grants:</p> <ul style="list-style-type: none"> a) CDPH - \$1,275,000 (10/1/16 - 9/30/17) – Refugee Health Assessment/Promotion b) CDPH - \$ 921,576 (7/1/16 – 6/30/17) – TB Treatment and Control c) CDC - \$1,795,721 (7/1/16 – 6/30/17) – TB Treatment and Control <p>This grant funding does not offset all costs. The remainder will be funded through Health Realignment. HHSA certifies public benefit for provision of services that far outweigh costs.</p> <p>TB Control services provided in Fiscal Year 2015/16:</p> <ul style="list-style-type: none"> • 2,000 high-risk individuals screened • 36 infectious patients housed until no longer communicable • 700 exposure investigations/ live TB cases • 234 individuals using DOT (Direct Observed Therapy) via phone video • 1,797 refugees screened, with subsequent referrals and follow-up <p><u>Discussion</u></p> <p>Jani Dubski explained that Dr. Kathleen Mosher, TB Control Chief, retired after 28 years with the County, so the branch is in transition. Dr. Wooten is serving as Interim Chief.</p> <p>In response to questions, Jani Dubski explained that latent TB provides a positive skin test, but negative X-ray. There are no symptoms, but this dormant TB could come out later.</p> <p>Patients need to take medications for 6-9 months. If treatment is not completed, they could become resilient and need to start over with a different regimen.</p> <p>Core activities are the same for both County residents and refugees, but the funding stream is different. TB Control is always looking for opportunities to improve mitigation strategies, such as looking into the possibility of border crossers taking medications from their homes</p>
	<p>3) MAA Revenue Agreement (Medi-Cal Administrative Activities)</p> <p>Presenter: Beverly Randolph – Analyst, MAA/TCM Unit, PHS Contributor: Jim Patterson – Budget Manager, PHS Administration</p> <p>This Board Letter authorizes Clerk of Board to enter into a 3-year revenue agreement with the California Department of Health Care Services (CDHCS) to reimburse the County and community organizations up to \$37 million for Medi-Cal enrollment activities, with a 2-year option to renew.</p> <p><u>Approval</u></p> <p>Greg Knoll motioned to approve this Board Letter and presentation to Supervisors; Judith Shaplin seconded. All voted aye.</p> <p><u>Background</u></p> <p>MAA is a federally funded program designed to reimburse costs associated with enrolling clients into Medi-Cal and ensuring those persons can access Medi-Cal covered services.</p>

Agenda Item	Discussion
<p>3. Action Items (continued)</p>	<p>3) MAA Revenue Agreement</p> <p><u>Background</u> (continued)</p> <p>In the 1990's, LGA's (Local Government Agencies) were designated to administer the MAA program within their regions. HHSA is the designated LGA within San Diego County.</p> <p>See Attachment B, pages 8-9, for graphs showing the amounts reimbursed to 8 participants in Fiscal Year 2014/15 that total \$6,033,673. Currently, there are efforts by the MAA Unit to maximize federal reimbursement within San Diego County, primarily by reaching out to community clinics.</p> <p>MAA reimbursement funds are unrestricted revenue that may be used for any purpose, which is incentive for organizations to participate in the program.</p> <p>Several factors may discourage participation:</p> <ul style="list-style-type: none"> • Organizations must code to weekly Random Moment Time Surveys; • CDHCS conducts audits, which takes time away from services; • To cover coordination costs in its role as designated LGA, HHSA receives a percentage of revenue reimbursed to local transit systems, community-based providers, and other County departments; • Organizations may have opted out at a time when rules were more burdensome; • Organizations that provide direct medical services are not eligible for the program. <p><u>Discussion</u></p> <p>The MAA Unit will work more closely with CDHCS at the end of this new 3-year agreement to take advantage of the 2-year renewal option. It lapsed this year.</p> <p>Per PHS Budget Manager Jim Patterson, deciding where to budget the unrestricted revenue is complicated. Funding runs two years behind, so they must guess at revenue projections.</p> <p>Jim Patterson is uncertain how MTS earns MAA reimbursement funds. He will check and report back.</p> <hr/> <p>4) Accept Nutrition Education and Obesity Prevention (NEOP) 3-year funding, and UCSD Single Source Contracts for the NEOP Program and the Prevention Grant</p> <p>Introduction: Dr. Thomas Coleman, Chief, MCFHS</p> <p>Presenters: Tina Zenzola – Health Planning & Program Specialist, MCFHS, PHS Ches Blevins – Community Health Program Specialist, MCFHS, PHS</p> <p>This Board Letter authorizes (a) 3 years of funding for the NEOP program from the California Department of Public Health (CDPH); and (b) approval for two UCSD single source contracts to implement complimentary components of the NEOP program and Healthy Works: Prevention Initiative Prevention grant.</p> <p><u>Approval</u></p> <p>Greg Knoll motioned to approve this Board Letter and presentation to Supervisors in October; Judith Shaplin seconded. All voted aye.</p> <p><u>Background</u></p> <p>a) NEOP Program</p> <p>The NEOP program (Nutrition Education and Obesity Prevention) was formerly known as SNAP-Ed. The focus has broadened beyond nutrition education. The U.S. Department of Agriculture (USDA) will fund \$24 million via CDPH to the NEOP program over 3 years.</p>

<p>3. Action Items (continued)</p>	<p>4) NEOP Funding and Single Source Contracts</p> <p><u>Background</u> (continued)</p> <p>For 10 years prior to 2012, UCSD administered the SNAP-Ed Program, contracting services out to HHSA. After 2012, only Local Government Agencies (LGA's) were permitted to implement the program, so HHSA took over and began contracting out to UCSD.</p> <p>NEOP participants must be low-income, eligible for SNAP-Ed benefits (food stamps), or live in a Census Tract where more than 50% are low-income. [See Attachment C, page 10, for NEOP Program activities over the past 5 years.]</p> <p>b) Prevention Grant</p> <p>Healthy Works: Prevention Initiative Grant (Prevention Grant) is funded \$14 million over 4 years through the federal Centers for Disease Control (CDC), and is currently midway through the grant period. Only Health Departments may apply for this grant, which is very competitive, and only 4 grants were awarded in the U.S. Since 2014, UCSD has been contracted by HHSA to fulfill components of this grant.</p> <p>Prevention Grant participants are adults who reside within the City of San Diego. [See Attachment C, page 11, for Prevention Grant structure and objectives.]</p> <p>c) UCSD Center for Community Health (CCH)</p> <p>Single Source contracts with UCSD-CCH will leverage restrictions of the NEOP Program and Prevention Grant, since they share similar objectives and have the same goal of preventing chronic disease through environmental and lifestyle changes.</p> <p>Under the two contracts, it will be possible for UCSD-CCH to implement overlapping components of both grants in different localities, engage participants eligible for both programs, or meet common objectives in areas where one or the other program does not have eligible participants.</p> <p>Because UCSD-CCH has expertise, resources, training programs, and experience in implementation of both the NEOP program and Prevention Grant, they are able to provide continuity and excellent service delivery.</p> <p><u>Discussion</u></p> <p>Board members asked for the rationale behind single sourcing with UCSD. It was explained that UCSD has been involved in the NEOP program and prevention grant since the beginning. Also, research did not reveal any local organization as qualified in policy and education as UCSD. Dr. Wooten offered that in future, PHS will send out a Request for Information (RFI), which will help confirm if UCSD is the only choice as contractor.</p> <p>Tina Zenzola was questioned about evaluation of NEOP program components, zip codes where eligible program participants reside, and activities in rural East County going forward. Tina Zenzola will bring this information back to the board.</p>
<p>4. Chair's Report</p>	<p>HSAB Strategic Plan - James Lepanto</p> <p>The 6/14/16 HSAB Retreat Report was reworked and will be sent out 9/19/16. Please provide feedback to James Lepanto when you receive it. The purpose of the Retreat was to create processes and structures to facilitate board productivity going forward.</p> <ul style="list-style-type: none"> • Each committee now has the structure to develop an annual plan. James Lepanto and Dr. Kyle Edmonds will meet with committees in the next few weeks to help create these plans. • Brainstormed ideas at the Retreat were stratified into 5 themes. Give thought to setting priorities at the HSAB meeting on 10/20/16, as well as presenting committee plans. • A one-page list of deliverables is needed to report out quarterly. This would be in addition to the annual report presented to the Board of Supervisors.

5. Informational Items	<p>A. Committee Reports</p> <p>There were no Committee Reports.</p> <p>B. Updates</p> <ol style="list-style-type: none"> 1) An e-mail went out from Nick Macchione about "Medical Care Services," a new HHSA division under the leadership of Dr. Nick Yphantides. 2) The HSAB now has two vacancies which could prevent a quorum. Attendance of alternate members is appreciated. 3) As requested by the board, MCFHS provided a summary of steps taken to improve the quality of medical and dental exam compliance rates for children in Foster Care and the progress reported as of fiscal year end. [See Attachment A, page 7.]
6. PH Officer's Report	<p>See Attachment D, pages 12-13, for the complete Public Health Officer's report. Dr. Wooten discussed two items.</p> <p>A. Mosquito transmitted diseases</p> <p>Dr. Wooten handed out a flier titled, "Mosquito Bite Prevention (United States)," and explained the work of the County Department of Environmental Health (DEH) Vector Control to eradicate mosquitoes in San Diego County suspected of transmitting the Zika virus. Out of 455 referrals, 90 properties were scanned for larvae and 4 were sprayed. Zika would not be a problem except for harm caused to pregnant women.</p> <p>Dr. Wooten will send a DEH Zika video to board members, which can be posted on websites and social media.</p> <p>B. Haitian migrants</p> <p>Hundreds of Haitian migrants from Brazil are traveling through Central American to San Diego. The County is providing health assessments. Ninety percent travel on to Miami, New Jersey and New York. Approximately 10% stay in San Diego, where the County provides the same services as for other refugees, and attempts to mitigate communicable diseases and resolve housing issues. One church in San Diego now houses the Haitian refugees.</p>
7. Future Agenda Items	<p>October 2016 - Suicide Prevention Long-Term Care Integration Project, AIS (Aging and Independence Services)</p> <p>November 2016 - Cultural Competence Plan</p> <p>December 2016 - Eat Well Standards</p>
8. Adjournment	<p>The next meeting will be held on October 20, 2016.</p> <p>This meeting was adjourned at 3:40 PM.</p>

ATTACHMENT A
Foster Care Program Update

Health Care Program for Children in Foster Care (HCPCFC)
September 2016 - Program Update

The County continues to focus efforts on the continuous quality improvement for medical and dental exam compliance rates for children in foster care. A summary of steps taken is included below.

Update and Standardize Practices:

- Conducted intensive process mapping of the current system to identify:
 - Best practices,
 - Assess methods for increasing efficiencies, and
 - Streamlining procedures.
- Analyzed data and developed a standardized process.
- Ascertained the training needs of staff, foster parents, and community partners.
- Plan to pilot a revised process in East and South Regions - October 1, 2016.

Coordinate with the CHDP Provider Unit:

- Updating in the CHDP Provider E-Announcement on foster care, stressing the importance of scheduling appointments and providing information for children in foster care (October 2016 E-Announcement).
- Providing annual highlight in the E-Announcement regarding the outcomes of medical and dental compliance rates for children in foster care.

Tracking Out-of-Compliance Days with Exam Requirements:

- Assessed current system for tracking compliance with exam requirements.
- Set up a cohort and data tracking system to identify the number of days it takes for youth to become compliant with medical and dental exams.

Access to Electronic Records:

- Obtained access (April 2016) to Rady Children's Hospital, San Diego electronic health records system (EPIC).
- Utilizing the system has improved receipt of documentation for completed follow-ups (see below).

Increase Communication with Medical and Dental Providers:

- Identified and compiled specific medical and dental providers utilized by foster youth.
- Outreached to providers to identify strategies to ensure timely access to services and receipt of documentation.

Improve Communication with Caregivers:

- Researching alternate methods of communicating with caregivers (e.g., email and text options) while maintaining strict confidentiality.
- Providing on-going education to caregivers, medical community, social workers, and probation officers about medical needs of children in foster care and available resources for care.
- Compiling list of venues to distribute medical/dental information and provider lists. In addition, identify websites to include State dental resource links to increase delivery of information to foster parents.

Updated Results for Medical, Dental, and Follow-up Compliance Rates:

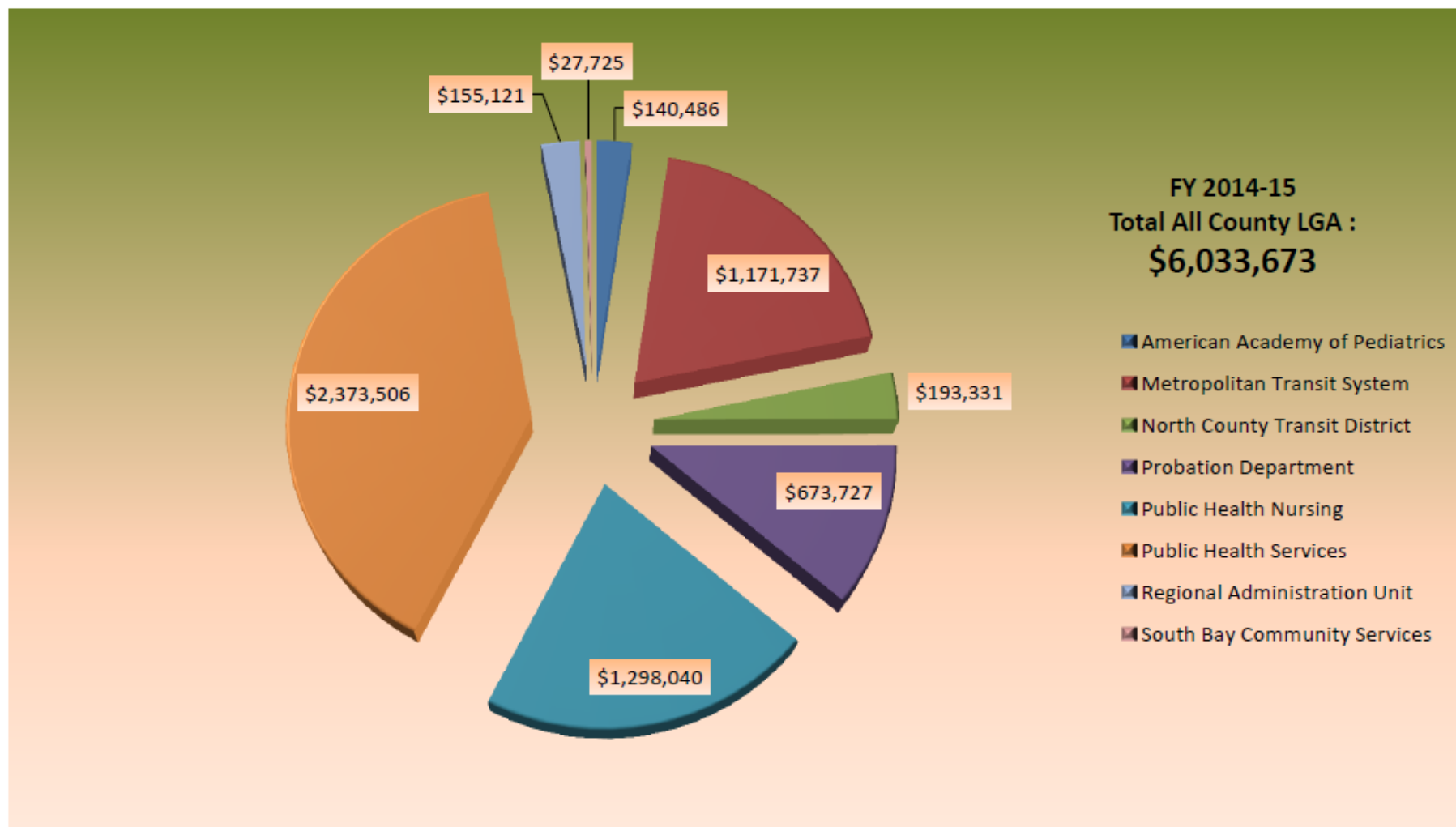
	Medical Compliance	Dental Compliance
May 2016	96%	87%

Verification of Identified Follow-Up Needs (Comparison - before and after use of EPIC to view records - for verification of completion within 120 days of follow-up needs for problems identified during preventive care visit)		
	March 15, 2016 (Before EPIC access)	June 30, 2016 (After EPIC access)
Resolved to date (< 120 days) (Meeting State mandate)	41.3% (99/267)	71.7% (263/367)

ATTACHMENT B

Approval of Board Letter: MAA Revenue Agreement

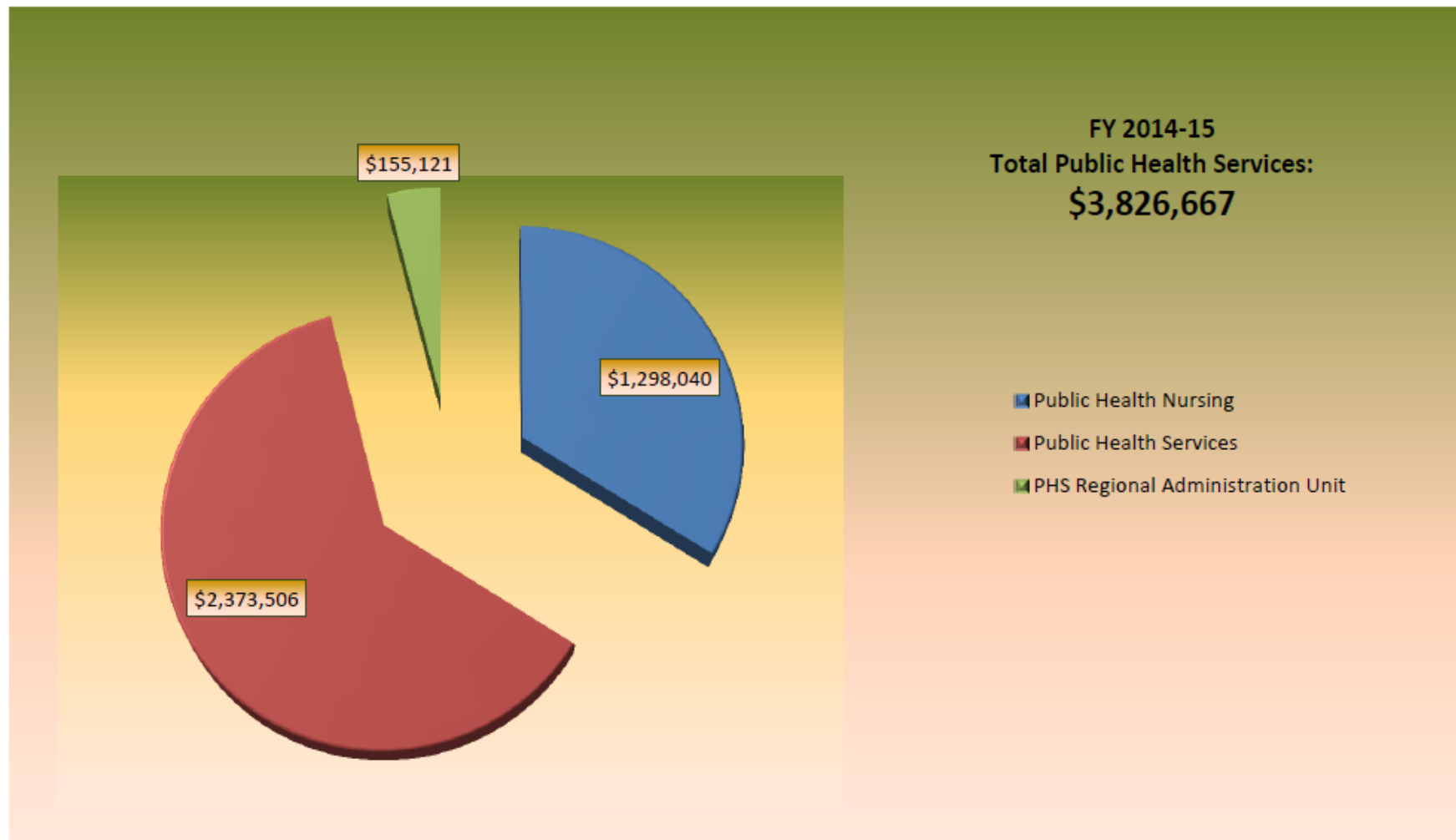
MEDI-CAL ADMINISTRATIVE ACTIVITIES (MAA) REVENUE AGREEMENT



ATTACHMENT B

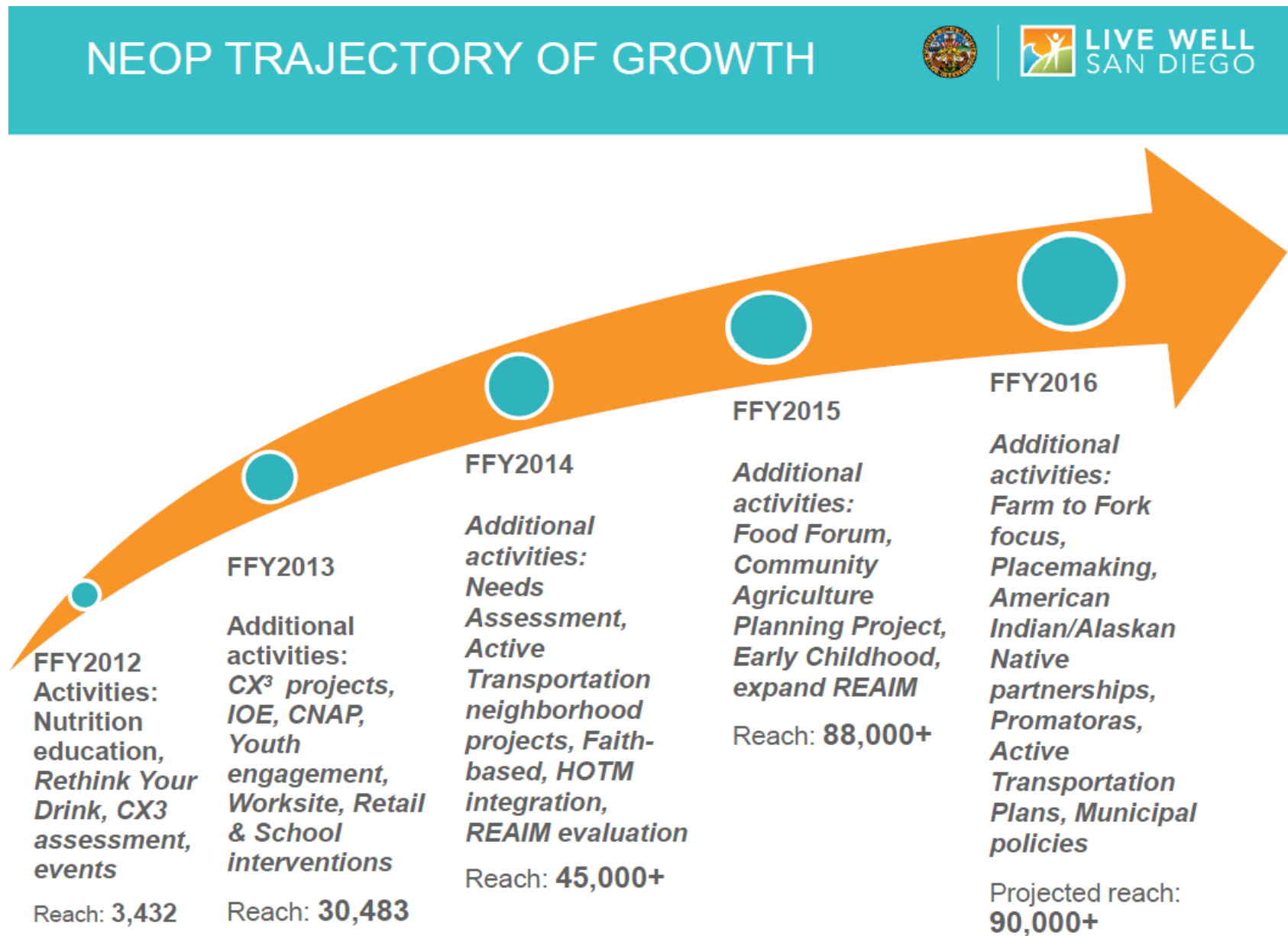
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MEDI-CAL ADMINISTRATIVE ACTIVITIES (MAA) REVENUE AGREEMENT



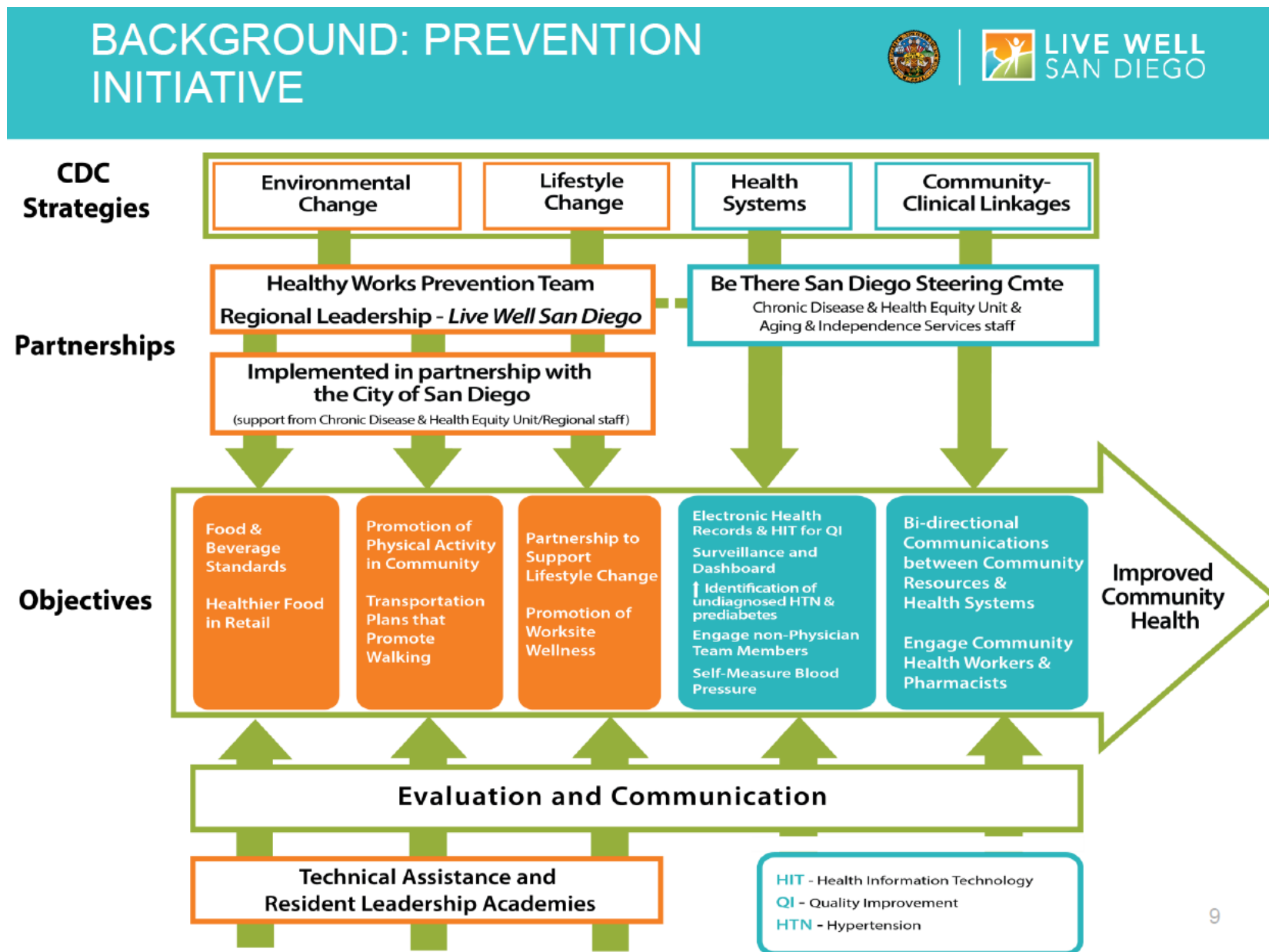
ATTACHMENT C

Approval of Board Letter: (1) NEOP Funding; and (2) Single Source Contracts for NEOP and "Prevention grant" programs



ATTACHMENT C

Approval of Board Letter: (1) NEOP Funding; and (2) Single Source Contracts for NEOP and "Prevention grant" programs



Attachment D
Public Health Officer's Report



Health and Human Services Agency
Health Services Advisory Board (HSAB)
Public Health Officer's Report
September 15, 2016 * 3-5PM * 1600 Pacific Highway, SD 92101

I. Communicable Disease Issues

A. Infectious Disease Issues

1) Zika Virus

- **San Diego now has capacity to test for Zika with PCR only (not for IgM and IgG)**
- Total Zika Testing referrals to EPI Program for consultation of potential cases: **445 cases (207 in July)**, with **304** cases ruled out for Zika.
- Confirmed Zika cases (all travel-associated): **36 (13 in July)**
- Cases pending lab results or submission: **40 cases pending results.**
- **Travel associated cases:** Travel associated cases: American Samoa (1), Brazil (2), Caribbean (multiple islands) (1), **Central America (1)**, Columbia (2), Dominican Republic (1), Guatemala (2), Haiti (1), Jamaica (2), Kiribati (1), Puerto Rico (2), St. Lucia (1), Trinidad (1), Venezuela (2), and sexual transmission from a traveler (1).
- Again, all reported cases are imported; **0** cases confirmed in pregnant women.
- **There are now 18 Mexican states with documented local Zika transmission, but no documented cases in Sonora or Baja California.**
- CDC has created a US Zika Pregnancy Registry for local, state, and territorial health departments
- **To date, none of the invasive Aedes species have been detected to be positive for Zika.**
- Focus in on education and outreach, case reporting, and prevention of mosquito breeding
- http://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/zika_virus.html
- http://www.sandiegocounty.gov/deh/pests/vector_disease.html

2) Invasive Meningococcal Disease (IMD) among Southern California Men Who Have Sex with Men (MSM)

- Outbreak of serogroup C *Neisseria meningitides* in Los Angeles and Orange Counties, as well as Cities of Pasadena and Long Beach. 25 cases were reported between 03/04/2016 and 08/11/2016, primarily among MSM, with two deaths.
- **No cases have been reported to date in San Diego County.**
- San Diego CAHAN alert recommendation MenACWY vaccine for all HIV-positive individuals and all MSM was released on 07/27/2016.
- HSHB and EISB partnered to offer the MenACWY vaccine Menactra at CityFest in Hillcrest on 08/14/2016. A total of 75 MSM received the vaccination.

II. Board Actions

A. See presentations

III. Public Health Issues

A. Activation of Health Services Capacity Plan – **back to Level 1**

- 1) Small group (Core Operational Group) continuing to meet on 1st and 3rd Thursdays.
- 2) Exploring replication of Washington State Education Campaign with focus on best practices related to:
 - IT
 - Public Education and Outreach (public and physicians)
 - Surveillance
 - Case Management

IV. Grants

A. Funded

1) Sodium:

- Partnering with LAHD on new Sodium reduction grant. Local focus: School districts and health care systems. Application submitted last week. \$100K/year X 5 years. **AWARDED**

Attachment D
Public Health Officer's Report

2) SNAP-ED:

- **Submitted** next 3-year cycle application and work plan; activities will continue to focus on policy, systems, and environmental change for nutrition and PA

3) Prevention (Public Health Actions to Prevent Obesity, Diabetes, Heart Disease and Stroke): funded to work in the City of San Diego geographic area

- **Components**
 - 1:** For implementing food sodium standards and environment and **lifestyle changes** (DPPs) – excited about the development of the Diabetes Prevention Programs
 - 2:** Diabetes prevention and **community clinical linkages**; health system interventions – Chronic Disease Surveillance via EHRs
- **Summited Year 3 application and work plan on April 30th.**

V. Public Health Initiatives

A. Major Initiatives Updates and Highlight

1) Public Health Accreditation Board

- Received a rating from the Site Visit Team of 94 “fully demonstrated” measures out of 100, with five largely demonstrated, and one slightly demonstrated.
- The report will be reviewed by the Public Health Accreditation Board (PHAB) on May 17.
- See summary of report (Attachment).

2) Branch and Program Fact Sheets (completed)

VI. Board Letters Forecast – See presentations

A. Host County Participation fee*	PHS to pay its share of admin fee to Host for administrating MAA program	Janice DiCroce
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VII. Announcements

A. Personnel - EMS, PHN Admin

VIII. Site Visits - None

IX. Legislation

A. Tobacco Leg effective on June 9

X. HSAB Annual Report – Chair's Report

XI. Suggested Future Agenda Items

- A.** Prevention Grant
- B.** HIV/AIDS Task Force Recommendations
- C.** Eat Well Standards